DOCUMENT RESUME

ED 372 313 CG 025 517

| | |
|---|---|
| TITLE | HIV/AIDS Education Planning Kit for Parents and Parent Groups. |
| INSTITUTION | Colorado Parent Teacher Association, Wheat Ridge.; Colorado State Dept. of Education, Denver. |
| SPONS AGENCY | Centers for Disease Control (DHHS), Atlanta, GA. Div. of Adolescent and School Health. |
| PUB DATE | Sep 93 |
| CONTRACT | U63/CCU-802750-05 |
| NOTE | 25p. |
| PUB TYPE | Guides - Non-Classroom Use (055) |
| EDRS PRICE | MF01/PC01 Plus Postage. |
| DESCRIPTORS | *Acquired Immune Deficiency Syndrome; Adolescents; Children; Elementary Secondary Education; Instructional Materials; Parenting Skills; Parent Responsibility; *Sex Education; Sexuality |
| IDENTIFIERS | Colorado; Parent Teacher Association; *Sexually Transmitted Diseases |

ABSTRACT

In line with the National PTA's support of various health topics in the school curricula, the Colorado PTA and Colorado Department of Education formulated this educational booklet for parents and parent groups. Included is general information on the nature of HIV/AIDS and how it is transmitted. Current statistics on AIDS cases in Colorado and the United States are presented along with reasons why schools and parents should become involved in HIV/AIDS education. The kit also lists projects that can be used for HIV/AIDS awareness. Since surveys show that parents hesitate to speak with their children about sexuality, the authors present communication strategies that parents can use to discuss sex and list some of the communication barriers parents and teachers should avoid. Tips are also offered on helping children develop responsibility and decision making skills, and how we all can assist those infected with HIV. Following a discussion of Sexually Transmitted Diseases (STDs) and how to avoid STDs, are lists of HIV and AIDS resources in Colorado and the United States. (RJM)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

CG

ED 372 313

# HIV/AIDS Education Planning Kit

*for Parents and Parent groups*

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

N. Bolt

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it

☐ Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

Colorado PTA
7251 West 38th Avenue
Wheat Ridge, CO 80033
303/422-2813

Colorado Department of Education
HIV Education Program
201 East Colfax Avenue
Denver, CO 80203
303/866-6864

CG025517



BEST COPY AVAILABLE

# HIV/AIDS
# Education Planning Kit

*for Parents and Parent groups*


**HIV/STD Education Program**
Debra Sandau-Christopher, Project Director
303/866-6785

**Prevention Initiatives Unit**
David Smith, Director
303/866-6683

**Office of Special Services**
Brian McNulty, Executive Director
303/866-6926

**William T. Randall**
Commissioner of Education
State of Colorado

**Colorado Department of Education**
201 East Colfax Avenue
Denver, Colorado 80203

**Colorado P.T.A.**
7251 West 38th Avenue
Wheat Ridge, CO 80033
303/422-2213

**President**
Jan Haley

**Director of Programs**
Beverly Terry,



*September, 1993*

This kit is made available through a collaborative effort between the Colorado Department of Education (CDE) and the Colorado Parent Teacher Association (PTA).

The concept and many portions of this kit were adopted from Washington State *PTA's HIV/AIDS Education Planning Kit.*

# POSITION STATEMENT

*(Adopted by the 1991 National PTA Board of Directors)*

## HIV Infection and AIDS: Education and Policy

National PTA has long supported "...the inclusion of various health topics in the school curricula. These have included...family life education, health supervision...as well as such specific health subjects as...sex and sexually transmitted diseases including AIDS."[1] Because there is, at present, no effective vaccine to prevent infection with HIV and no cure for AIDS, National PTA believes:

- Cooperation is needed with government agencies and reputable health and education organizations to educate parents, students, educators and the general public about HIV infection and AIDS, including the medical, legal and psychosocial consequences;

- State departments of education and local boards of education[2] should provide all school districts and schools with sufficient resources to offer HIV/AIDS education to students and training for teachers and support staff;

- Schools should provide developmentally appropriate education, within the context of a comprehensive K-12 health education curriculum, to help students avoid infection with HIV;

- Educators should involve parents in decision making concerning HIV/AIDS curricula;

- PTA members should participate in the development, adoption and ongoing review of HIV/AIDS curricula, including the selection of appropriate teaching materials that promote responsible decision making, avoidance of illicit drugs, and sexual abstinence. HIV/AIDS curricula should include instruction in specific ways to prevent HIV infection;

- PTA's constituent bodies and individual members should make available accurate and timely information on HIV and AIDS from reputable sources;

- School boards should adopt policies concerning students and staff infected with HIV, and state, region, district, council and local PTAs should become and remain involved in developing such policies. Because no known cases of AIDS have been attributed to casual contact in the school, day care, foster care, home, or work setting, National PTA discourages all actions that would seek to segregate, persecute or ban from school, children or staff with HIV infection, or that would force the inappropriate disclosure of information that could identify persons infected with HIV. Decisions concerning school placement of HIV-infected children should be made jointly by the child's parents or guardians, physician, school superintendent, and public health official;

- All schools should train personnel and volunteers in the universal precautions recommended by the Centers for Disease Control, in order to limit the spread of many infectious disease agents, including HIV;

- Testing of all blood and blood products remains necessary, and because testing of blood and blood products for HIV antibodies is 99.8 percent but not 100 percent effective, improved means for ensuring the safety of the nation's blood supply should be developed.

---

1 National PTA Position Statement: Comprehensive School Health Education (1984).

2 The Department of Defense serves as the Board of Education for the European Congress of American Parents, Teachers and Students and the Pacific Congress of American Parents, Teachers and Students.

# INTRODUCTION

We feel the information and brochures included in this kit are important to the health of our young people. We encourage you to become familiar and comfortable with this information and to seek further information. We recognize that everything included may not be appropriate for all communities, and we leave it up to you to discern what is appropriate for your family, school, and community. What is important is that conversations get started and information passed on.

As PTAs we see ourselves as important resources to and educators of our members and our communities.

We must:

- encourage parents to learn about HIV/AIDS and talk about it with their children.
- encourage parents to determine and share their values with their children.
- encourage parents to teach responsibility, goal setting and good decision making.
- encourage schools to teach about HIV/AIDS, and its prevention, so *all* children will have the information they need to make the best decisions.
- encourage school districts to develop compassionate policies for people living with HIV/AIDS.
- encourage school districts to review and update their HIV/AIDS curriculum to include components of decision making, goal setting, and skills-based education.

We hope this kit is helpful to you as a parent, educator and PTA leader. Any information in this kit may be reprinted and used to promote a better understanding of HIV/AIDS. We encourage you to use this kit in every way possible.

Please contact the Colorado PTA office at 303/422-2213 or the Colorado Department of Education HIV Education Program at 303/866-6685 if we can be of more service.

**AIDS EDUCATION**
AT HOME AND SCHOOL
PTAs Respond to The Need

**EDUCACION SOBRE EL SIDA**
EN CASA Y LA ESCUELA
Los PTAs ayudan a esta causa

Copyright 1993, Colorado PTA

This kit is made available through a collaborative effort between the Colorado Department of Education and the Colorado PTA.

# GENERAL INFORMATION

## AIDS — Get the Facts

AIDS is one of the most serious health problems that has ever faced the American public. Of the 315,390 cases of AIDS reported in the U.S., there have been 194,354 deaths. This is only the tip of the iceberg, as it is estimated that one million Americans are infected with HIV, the virus that causes AIDS (July, 1993). It is vitally important that we *all* understand this disease.

### What is HIV/AIDS?

AIDS stands for *acquired immunodeficiency syndrome*, a disease in which the body's immune system breaks down. The immune system fights infections and certain other diseases. Because the system fails, a person with AIDS develops a variety of life-threatening illnesses.

### AIDS is Caused by HIV Infection

AIDS is caused by the virus called *human immunodeficiency virus*, or HIV. A virus is a small germ that can cause disease. If HIV enters your bloodstream, you may become infected with HIV.

### Can You Tell if Someone Has AIDS?

*No!* Most people who are infected look and feel fine. They don't suspect they are carrying the virus. They may be infected for ten or more years before symptoms appear. During this period, however, people infected with HIV can pass the virus to sex partners, to people with whom they share needles, and to their babies before and during birth. Your chances of coming into contact with the virus increases greatly with each sex partner you have, each needle you share, and any time your judgment is impaired with alcohol or drugs.

Remember, HIV infection is *not* a homosexual disease. The number of heterosexual cases is growing rapidly and in some parts of the world accounts for the majority of cases.

### How do People Get AIDS?[3]

You can't just "catch" AIDS like a cold or a flu. The HIV is a different type of virus. You *won't* get AIDS from:

- everday contact
- mosquito bites
- swimming pools
- telephones, toilet seats, or clothing
- saliva, tears, sweat, urine or bowel movements
- a kiss
- food or utensils handled by someone with AIDS

**AIDS is basically hard to acquire.** It all depends on what you do. There are three main ways HIV is spread:

1. by having sex — anal, vaginal, or oral — with someone who is infected with HIV.
2. by sharing drug needles and syringes (any drug, including steroids) or any other skin piercing items used for tattooing, ear piercing, blood rituals, etc., with an infected person.
3. by mother to child before or during childbirth, or during breastfeeding.

There is no risk from donating blood. When donating blood, a sterile needle is used only once, and then discarded.

All blood that is donated is tested for HIV before it is given out for transfusions, and it is estimated that there is only a 1 in 153,000 chance of contracting HIV through a blood transfusion. This is a far lesser risk than that of contracting other blood-borne diseases like hepatitis, syphilis, or malaria, or of dying from receiving incorrectly matched blood.

[3]source: Adopted from National PTA 10/91, Journal of Health Education, July/August 1991

### Is There a Cure for HIV/AIDS?

No. At this time, there is no vaccine to prevent or medicine to cure AIDS. **The only protection is prevention.** We can best protect our children and young people by educating them to avoid behaviors that could lead to infection with HIV.

# Current Statistics on HIV/AIDS

## AIDS Cases in Colorado[4]

as of June, 1993

| | | |
|---|---|---|
| Number of confirmed cases: | 3,377 | |
| Number of deaths: | 2,013 | (59.6%) |

**Cases by Sex**

| | | |
|---|---|---|
| Male: | 3,215 | (95.2%) |
| Female: | 162 | (4.8%) |

**Cases by Race**

| | | |
|---|---|---|
| White: | 2,678 | (79.3%) |
| Black: | 275 | (8.1%) |
| Hispanic: | 397 | (11.8%) |
| Other: | 27 | (.8%) |

**Age of Diagnosis**

| | | |
|---|---|---|
| 0-9 | 18 | (.5%) |
| 10-19 | 17 | (.5%) |
| 20-29 | 667 | (19.8%) |
| 30-39 | 1,612 | (47.7%) |
| 40-49 | 766 | (22.7%) |
| over 49 | 297 | (8.8%) |

[4]source: *Colorado Department of Health*

## AIDS Cases in the United States

(1981—June 1993)

| | | |
|---|---|---|
| Total AIDS Cases: | 315,390 | |
| Total Deaths: | 194,354 | (61.6%) |

## Projections[5]

The Public Health Service estimates that the current number of HIV infected persons in the U.S. is approximately one million. By the end of 1994, the Public Health Service projects the cumulative number of diagnosed AIDS cases will total 415,000 with 320,000 deaths.

In Colorado, an estimated 8,000—10,000 people are infected with HIV.

[5]source: CDC HIV/AIDS Surveillance Report, June 1993

## Statistics

- In 1990, 55% of Colorado 9th through 12th graders reported having had sexual intercourse with at least one person and, of those sexually active, 39% reported having had four or more partners.[6]
- In 1990, 8% of the in-school youth and 37% of the out-of-school youth surveyed were 12 years or younger when they first had sexual intercourse.[6]
- 20% of people with AIDS in Colorado were between 20 and 29 years old when diagnosed. Because the latency period between HIV infection and the onset of symptoms can be ten years or more, many were probably infected as teens.[6]
- AIDS is the sixth leading cause of death among Americans between the ages of 15 and 24 and the third leading cause of death among 25-44 year olds.[6]
- From July 1985 to July 1993, the Colorado Department of Health recorded 7,392 HIV-positive tests for people in Colorado. Of those who tested HIV-positive, 93 cases were children ages 0-14 and 115 cases were teens ages 15-19.[7]

[6]source: *Colorado Youth at Risk Ready Stats*, August 1992, CDE HIV Education Program

[7]source: Colorado Depatment of Health

# PTA AND HIV/AIDS EDUCATION

## Reasons for Your PTA to be Involved in HIV/AIDS Education[8]

1. PTA has a long tradition of involvement in child health and protection issues. One of PTA's objectives is to promote the health and welfare of children and youth.

2. PTA is in a unique position to provide parents with the facts about HIV/AIDS and the skills needed to talk with their children about this important subject.

3. PTA has a proven record of influencing school decision makers to require HIV/AIDS education in the classroom and to adopt sound policies for dealing with children and school personnel living with HIV, the virus that causes AIDS. Your child's school needs to hear from PTA that parents will support these initiatives.

4. PTA gains trust and respect in the eyes of your education, business and government leaders by addressing this important issue.

5. PTA can set a good example for your community to follow by helping reduce unfounded fears and encouraging compassion for persons affected by HIV/AIDS.

6. PTA's resources and individual talents can benefit people affected by HIV/AIDS. As they provide service and support, our members also will learn more about preventing the spread of HIV.

*"Young people must understand they have the ability — and the responsibility — to make key decisions to keep themselves safe."*

## Become Involved in Your School's HIV/AIDS Education Program

The State of Colorado recommends the teaching of HIV/AIDS prevention in grades K-12. However, the quality and quantity of that education varies greatly from one school to another and even from one class to another. Research shows that HIV/AIDS education is most effective when it is taught as part of a sequential, comprehensive health curriculum that begins in kindergarten and continues through high school. For more information on appropriate content, call the National AIDS Information Clearinghouse at 800/458-5231.

PTA believes that schools should teach HIV/AIDS prevention and that parents should supplement that instruction with their family's particular values and viewpoints. Parents can review material children learned in school to make sure those lessons were understood.

## Involve Students[8]

- √ Host a poster contest with entries displayed in store windows.
- √ Host a creative writing contest (including poems, essays, and short stories) with HIV/AIDS as the theme. Print entries in the PTA newsletter or local newspaper.
- √ Encourage students to volunteer for an HIV/AIDS service organization or hospital.
- √ Make an HIV/AIDS exhibit or banner to display at school.
- √ Work with the school newspaper to print a special edition on HIV prevention. Use student reporters and encourage student perspectives.
- √ Encourage your school to establish a Peer Education program.

[8]source: *HIV/AIDS Education Planning Guide*, National PTA, October 1991

## Projects and Activities for Your Parent Groups[8]

√ Conduct an AIDS Education meeting

- Organize a panel discussion
- Show a film or video
- Provide a resource table
- Discuss communication skills
- Invite a theatrical/drama group that addresses HIV/AIDS issues
- Discuss decision-making skills, sexual responsibility, etc.
- Invite a person with HIV/AIDS to come and talk, especially a parent or teen
- Display the National PTA poster, *Let's Talk About AIDS*, and brochures
- Discuss the school district policy and procedures dealing with HIV positive students or staff
- Discuss condom availability
- Host an HIV/AIDS curriculum night, discussing what is taught

√ Attach the National PTA brochure, *How to Talk to Your Children and Teens About AIDS*, to the agenda of your PTA meeting.

√ Invite possible speakers or panel members to meetings. Speakers may include: people with HIV/AIDS, health teachers, health and education department employees, teenage parents (may talk about their life, choices they made, etc.), the Red Cross, counselors, doctors, school nurses, government officials, and politicians.

√ Add a section on AIDS to your parent education resource center.

√ Discuss with the principal, health coordinator or superintendent the curriculum used, supplemental materials and possible speakers. Find out if refusal skills, decision-making skills and goal-setting skills are taught.

√ Express support of the school's effort, if appropriate. Offer to work with educators to provide that support.

√ Conduct a survey of your local unit concerning issues related to HIV/AIDS to determine the needs and opinions of your members.

√ Offer awards/recognitions for HIV/AIDS education programs at the local unit level.

√ Contact your State PTA HIV/AIDS Chairperson for more ideas and resources.

√ Appoint an HIV/AIDS Education Chairperson for your local unit or council, who could:
— give a brief report at general meetings;
— attend the HIV/AIDS class at the State PTA convention;
— arrange for speakers for meetings; and
— observe classroom instruction on HIV/AIDS.

√ Organize a letter-writing campaign on an HIV/AIDS-related issue, to editors of newspapers and magazines, politicians, education officials at state or local levels, etc.

√ Develop a display of information, including posters, brochures and flyers, etc. Place it in a public library, school library, shopping mall, community center or health fair.

√ Declare an AIDS day, week or month at your school. Plan events around a Health Awareness week — highlight a specific topic each day.

- World AIDS Day (December 1st)
- AIDS Awareness Month (October)
- Child Health Day (October 1st)
- Pediatric AIDS Awareness Week (in June)
- PTA — Drug/Alcohol Prevention Week (in May)

√ Donate books, magazine subscriptions, or videos about HIV/AIDS to the school or community library.

√ Network with community groups to provide information to the community.

√ Provide a resource table for AIDS information and brochures at every PTA meeting.

---

[8]source: *Adopted from HIV/AIDS Education Planning Guide*, National PTA, October 1991

# Conduct a Parent Meeting on HIV/AIDS Education

## Where do we start?

The National PTA has asked all PTAs across the country to conduct a meeting on HIV/AIDS each year. Here are some tips to help you:

1. Start planning early in the school year.
2. Set clear goals.
3. Determine your budget.
4. Arrange for the most knowledgeable, experienced and well-respected panel or people, or individual speaker, as possible. This helps ensure that the information provided is accurate.
5. Consider using an experienced moderator if you plan to do a panel.
6. Arrange for the facility and equipment needed.
7. Arrange for refreshments, childcare, meeting room, set-up requirements, audio-visual needs, handouts, transportation, etc.
8. Publicize your event thoroughly. Use your newsletter, or other school newsletters, local newspapers, radio and television stations, posters, readerboards, signs, flyers, phone trees, and press releases and public service announcements to local media, etc.
9. Think ahead. What potential controversy might arise? Share your concerns with the speaker or panel in advance. Plan, in advance, how you will respond.
10. Consider asking a representative of your PTA Council to help you plan and conduct a meeting.
11. Provide a resource table. Distribute brochures with current information on HIV/AIDS prior to the meeting.
12. Have a question/answer period. Ask participants to write their questions on a piece of paper and submit them to the moderator.
13. Expect differences of opinion. Remember, people often feel better when they have had a chance to air their concerns and fears.
14. Distribute and collect evaluation forms and pencils.
15. Report your event to the State PTA HIV/AIDS Chairperson. If there were problems, work together to figure out possible ways to make the program run more smoothly next time.
16. Pat yourself on the back! You've started parents talking and doing something about HIV/AIDS.
17. Link your HIV/AIDS Education activities with other important events in your school or community.

## How to Get Parents & Teachers to Your HIV/AIDS Education Meeting

1. Survey parents and teachers to discover their interests.
2. Publicize, publicize, publicize. Reach out to parents in a variety of ways, including: local newspapers, PTA newsletter articles, local radio and television stations, flyers, posters, readerboards, etc. Use catchy titles, graphics, and bright colors.
3. Collect information, brochures, and current statistics. Show parents that teens in every community are at risk. Give parents reasons why younger children need to know about HIV/AIDS.
4. Schedule the best and most authoritative speakers on HIV/AIDS that you can find. Use their names and titles in all publicity that goes out regarding the event. Consider including a person living with HIV/AIDS or a relative of a person with HIV/AIDS as a speaker or a panel member.
5. Consider gearing your meeting to parents, teachers, and students. Include a student panel to discuss issues pertinent to them.
6. Eliminate barriers to participation. Provide childcare and transportation if necessary, schedule the meeting at a convenient time and location, and provide a map or directions.
7. Provide refreshments.
8. Discuss current issues (possibly controversial issues).
9. Provide incentives to students to bring or send their parents.
10. Discuss the HIV/AIDS curriculum currently being taught at your school and the school's policy about HIV-positive staff and students.
11. Give door prizes.

## Meeting Activity to Start People Talking

Divide into small groups of five or six people. Read the following situations. Discuss how you would handle each problem, and why.

### What would you do?

1. The principal of your child's school has just been told that a fifth grade student with HIV is coming to the school in September. Some of the parents and teachers are upset. They think the other students might be in danger.

*What would you say to those parents and teachers?*

*Would you want the child to attend your child's school? Why?*

2. Your child's friend, Toby, has an older brother with HIV. Toby is having a birthday party at his house. Some of the kids in the class say they won't go because they're afraid they'll catch HIV, too.

*Do you think there is a chance any of the kids might catch HIV?*

*Would you let your child go to Toby's party?*

*What might you say to the other parents?*

3. Your boss has AIDS. She was in the hospital for several weeks, but she feels better now. She wants to return to work. Some of the other workers are nervous. Everyone in the office shares the same bathroom, telephones and water fountain. They are afraid they might catch AIDS.

*What would you do or say to your fellow workers?*

*How would you feel?*

*Can anyone get AIDS from sharing the same bathroom or telephone as the boss?*

4. The man who lives next door to you has AIDS. He has been sick for a long time now it's hard for him to leave the house.

*What might you do to help him?*

*Would you be placing yourself at risk by helping?*

# COMMUNICATION

Surveys document that parents hesitate to speak to their children about sexuality. Less than 20 percent of parents nationwide have discussed premarital intercourse, birth control or sexually transmitted diseases with their children. Children do not live in an asexual world; they are bombarded with messages encouraging sexual activity through the print and broadcast media. A Harris poll revealed that, for each message broadcast on television promoting responsibility, there were 84 messages implying that sex is fun and that the more experiences one has, the better.

## Let's Open the Door[9]

Talking about sex gives you the opportunity to teach your children to feel good about being a man or woman. Studies indicate that children who have never talked with their parents about sexual feelings and decisions are more likely to experiment sexually to satisfy their curiosity.

The main reason you should talk to your child about sex is that sex is an intimate subject involving family values, feelings and communication. No one is better suited than you are to educate your children about these matters.

The question is not why you should teach your child about sex and HIV/AIDS, but how well you will do it. We hope that this information will help you on the road to better communication and a more loving, thoughtful relationship with your child.

Remember, parents *can* help prevent HIV/AIDS. Open the communication door and keep it open. It is vital to our children's lives!

[9]source: *How to Talk to Your Child About Sex*, National PTA, 700 North Rush Street, Chicago, IL 60611

[10]source: *Let's Talk About Sexuality: Opening Doors for Parents and Kids*, WACSAP — Washington Alliance Concerned with School Age Parents, 2366 Eastlake Avenue East, Suite 408, Seattle, WA 98102

## Communication Tips[10]

Communicating with your children isn't always easy, especially when you're talking about sex. You both may find this topic difficult and embarrassing. Here are some "Door Openers" or conversation starters to help get the conversation going.

**DOOR OPENERS**

- "Have you heard about HIV/AIDS?"
- "What do you know about HIV/AIDS?"
- "Do you know what the word "AIDS" means?"
- "What would you think if your best friend had AIDS?"
- "What would you think if your teacher were HIV-infected?"
- "How can HIV infection be prevented?"
- Respond to articles and/or TV programs with, "What do you think about what that person said?"

Now you've started and you need to keep it going.

**KEEPING THE DOOR OPEN**

- "What do you think?"
- "I'm glad you told me about that."
- "That's a good question."
- "How do you feel about that?"
- "How do your friends feel about that?"
- "I don't know. Let's find out together."

**DOOR SLAMMERS**

Above all — don't "Slam the Door". Comments like the following are sure to end the conversation and probably keep one from starting again. Don't avoid the subject of sex and don't cut off communication with your child.

- "You're too young to understand."
- "If you say that word again, I'll..."
- "That's none of your business."
- "I don't care what your friends are doing."
- "That's just for boys/girls."
- "We'll talk about that when you need to know."
- "I don't have time to talk right now."

## Bridges and Barriers to Talking About Sexuality[11]

**Bridges**

- SPEND TIME TOGETHER. Introduce your child to your coworkers. Share a favorite activity. These times don't have to be for a big discussion, but they *do* build up trust between you.
- LISTEN. Make eye-to-eye contact. Focus on the child's concern.
- GET THE FACTS. Answer questions simply and directly. It's OK to admit that you don't know the answer. Be willing to look it up together.
- INTRODUCE THE TOPIC. Use magazines and TV as springboards for discussions.
- ACCEPT your child's feelings and individuality. All feelings can be accepted; it's only actions that sometimes need to be controlled.
- TALK TO YOUR CHILD'S PEERS about sensitive issues. Such conversations won't be as emotionally charged and you can develop a perspective on how other children feel about the topic.
- RESPECT THEIR PRIVACY and show that you recognize their growing independence.
- MODEL acceptance, understanding, responsibility and right of privacy.
- RESERVE JUDGMENT. The simple question, "What do you think?" can clarify misconceptions. If children know that they are not being judged, they are more likely to express themselves and work toward finding a solution.
- KEEP RULES SENSIBLE, ENFORCEABLE, FEW IN NUMBER AND WELL-EXPLAINED.
- EXPRESS YOUR VALUES. Describe the experiences that determined your values, the decisions which led you to accept certain beliefs and the reasons behind your feelings.
- DISCUSS THE ADVANTAGES OF ABSTINENCE.
- KNOW YOUR LIMITATIONS. Refer to someone else when you can no longer be helpful.
- KEEP ON TRUSTING. If you catch your child in a lie, confront the issue. Make sure there are consequences. But also work to rebuild trust.

**Barriers**

- LACK of information to answer questions.
- AVOIDING answering questions when they arise.
- FEELING uncomfortable, anxious or embarrassed when talking about sexuality.
- UNREALISTING expectations about having to be a sex expert, know all the answers and make no mistakes.
- FEAR of telling too much too soon.
- LECTURING when kids ask a simple question.
- FAILURE to listen to questions or concerns nonjudgmentally; for example, becoming angry and suspicious when kids ask about contraception.
- UNEASINESS about sexual language, especially slang.
- BEING UNCLEAR about one's own sexual values.
- FORGETTING a sense of humor and failing to appreciate the funny as well as serious aspects of sexuality.
- MAKING all talks about sexuality something set apart from ordinary conversation.
- "PASSING THE BUCK" to another parent, teacher, clergy, etc.

We cannot be successful by attacking our children. Time and energy are on their side. We win by demonstrating our caring and respect through our strong communication skills. Everyone wins when we help our children build strong self-esteem. Everyone wins by building bridges

[11]source: *HIV/AIDS Education Planning Guide*, National PTA, October 1991

## Messages Worth Repeating

"Every question is a good question."

"All of us are growing and changing throughout our lives."

"Everyone develops in his/her own way. Your way is special and important."

"Everyone's body is private and deserves respect."

"Sexuality is an important and positive part of life."

You are your child's first and best teacher. Encourage your children to turn to you for help instead of going somewhere else. Tell your children to come to you with their questions.

- Give them your full attention when you answer.
- Tell them that you're glad they asked.

# DEVELOPING RESPONSIBILITY & MAKING GOOD DECISIONS

## Tips for Parents

Young people today often face tough decisions about sex and drugs. Many don't understand the direct relationship between their decisions and the consequences that may result. Having strong decision-making skills and being a responsible person will help them make informed choices as they grow and mature. It's important that parents help their child learn decision-making skills and develop responsibility. Following are some tips to parents.[12]

## Good Decision Making[12]

- Give your child opportunities to practice making decisions; for example, choosing the site of a family outing, or dividing the chores fairly.
- Show your children how to weigh their options, gather necessary information, consider alternatives and potential outcomes of their decisions. You can show this to your children even in simple decision-making situations, such as deciding what clothing to wear.
- Show your child that not making a decision when one is needed can be as bad as making the "wrong" decision.
- If you are not sure what kinds of decisions your children are mature enough to handle, give them the chance to try making some decisions. Be supportive, friendly, and ready to save the day, if necessary. This will help both you and your children know what they are ready to do for themselves.
- Accept your children's decisions. Remember, no decision is perfect. Support your child's ability to make decisions.
- Understand that many of your children's decisions will be based on their personal tastes and needs and may not, therefore, match the decision you would have made for them.
- Lay ground rules or limits for decision making. If a child wants to do something which is clearly harmful or unacceptable, explain why you cannot allow them to act on their decision.
- Remember, the ability to make decisions helps improve self-esteem. Children who can exercise some control over their lives are being prepared to be responsible and happy adults.

*Young people must understand they have the ability — and the responsibility — to make key decisions to keep themselves safe.*

## Responsibility Development[12]

- Give children responsibilities appropriate to their age and abilities.
- Set household rules — ones that are important to the quality of your family life. Don't set too many rules; they may become impossible for children to remember and for you to enforce. Explain the reasons for rules and follow them yourself. Consequences of your child's misbehavior should be related to that misbehavior.
- Help your children meet their responsibilities. If youngsters have trouble getting up in the morning for school, buy them an alarm clock. Show children how to keep lists, make calendars or use reminder notes.
- Share household chores.
- Reward your children's efforts to act responsibly. A reward can be a simple "Thank you!" or a special treat.
- Show your children how much you care about them.
- Show your children that you are confident in their abilities. Consider allowing your children to choose their own household responsibilities or to rotate responsibilities among family members.
- Foster your child's self-esteem.
- Start a family council. Family councils give children practice in making decisions, understanding family rules, and developing cooperation and responsibility. Family councils can make decisions such as where to go on a family vacation. The council should be devoted to positive efforts to solve family problems, and make rules and decisions. Although complaints can be aired in a family council, efforts should be made by all members to prevent council meetings from becoming gripe sessions. Determine how decisions will be made in the family council.

If you find your children cannot live up to a responsibility, think about whether they are too young to do what is expected or consider ways to assist them.

## Help Your Children Feel Good About Themselves[13]

Feeling good about yourself means believing in yourself. It means being confident. Children who believe in themselves are more likely to do well in school. They are less likely to turn to alcohol or other drugs. How can you help your children feel good about themselves?

- Show affection with hugs and kisses. Say, "I love you" often.
- Show your children they're important to you. Spend time together playing ball, fixing dinner, doing homework, or taking a walk.
- Tell your children they're great. Encourage them to do their best in everything, and praise good efforts. Thank them when they do something you ask. Remember, your words can hurt more than anyone else's. *Never* tell your child that he/she is stupid.
- Let your children make their own decisions about some things. Ask their opinion when appropriate.
- Set limits on children's behavior and be consistent in enforcing those limits. This shows you care, and that makes children feel secure.

---

[12]source: *Parenting: The Underdeveloped Skill*, National PTA and March of Dimes, 1986

[13]source: *Tell Me About AIDS*, American School Health Association, The Children's Health Market, Inc., National PTA, National Education Association, Health Information Network, 1990

# PEOPLE WITH HIV/AIDS

## Helping a Person With HIV/AIDS[14]

If you are one of the growing number of people who know someone infected with HIV, you need to have a special understanding of the problem.

No one will require more support and more love than your friend living with HIV/AIDS. Feel free to offer what you can, without fear of becoming infected.

Don't worry about getting HIV/AIDS from everyday contact with a person who has the virus. You won't get HIV from smiling, talking with them, shaking hands, hugging, or eating together.

If you don't know anyone with HIV/AIDS, but would like to offer a helping hand, become a volunteer. We take for granted our ability to shop for groceries, pick up a prescription, change a light bulb or do light housekeeping, but these tasks can be difficult for someone with a serious illness. You can be sure your help will be appreciated.

To contact an HIV/AIDS service organization in your area, check the resource list in this packet or call your county Public Health Department.

Above all, keep an upbeat attitude. It will help you and everyone else face the disease more comfortably.

## How You and Your Parent Groups Can Help[14]

1. When you meet people living with HIV/AIDS, treat them as you would anyone else.
2. Invite a person with HIV/AIDS to speak at a parent meeting about his or her experience with the disease. Many people living with HIV appreciate the opportunity to help others understand the disease.
3. Individual PTA members might write letters or cards of support for people with HIV/AIDS.
4. Offer to help provide transportation, meals, light housekeeping or child care for persons living with HIV/AIDS. Your local HIV/AIDS organizations or doctor may be able to put you in contact with specific individuals.
5. Participate in a clothing or food drive for people living with HIV who may have financial difficulties. The cost of medicine alone can run into several thousands dollars a year and is often not covered by insurance. Many people with HIV lose their health insurance as well as their paycheck when they become too sick to work.
6. Show support for residential care facilities for people living with HIV/AIDS. They pose absolutely no threat to you or your family.
7. Protect HIV-infected people from your germs. The bug that gives you a slight cold could put a person with a damaged immune system in the hospital for weeks.
8. Enroll in a support group for caregivers. These are available around the country. Contact any HIV/AIDS related organization for groups in your area.
9. Support activities such as AIDS walks, World AIDS Day, AIDS Action Day, etc.
10. Contact your Colorado legislators at 303/866-3055 and ask them to support appropriate legislation to help people with HIV/AIDS.
11. Protect their right to confidentiality and consideration. Don't discuss someone's health with others in public, and don't tell anyone the name of a person living with HIV/AIDS without that person's permission.
12. Make sure your school has a policy in place to protect the confidentiality of students or staff who have HIV/AIDS. By law, medical records must be locked, accessible only to persons with a need to know, usually the school nurse.

## Families of People With HIV/AIDS[15]

Many families and loved ones of people with HIV/AIDS feel that they are stigmatized by their closeness to someone with the disease. Families may be afraid to identify themselves and their need for help, fearing they will be rejected and discriminated against in their own communities. Many of them suffer in silence.

We must make our communities supportive environments for families and friends of people with HIV/AIDS.

### Challenges

Families of people with HIV/AIDS generally must confront many of the following challenges:

- adjusting to the life-threatening diagnosis of someone they love.
- dealing with their fears of contracting HIV/AIDS.
- accepting the disclosure of a family member's gay identity.
- accepting the disclosure of a family member's drug use.
- accepting that their child was sexually active.
- managing conflict inside the family.
- confronting a time-limited need for emotional reconciliation with the ill family member.
- beginning to grieve many impending losses.
- shifting family roles.
- providing emotional support and physical care to the ill family member.
- managing the multiple difficulties of the health are out-of-step with the expected life cycle.

### Some Ways You Can Help

1. Don't ask the family how the disease was contracted. That is not important to the situation. Provide a safe atmosphere by expressing compassion and withholding judgment. Be ready to listen.

2. Community support groups for the survivors may help them go on with their lives. Remember that many people with HIV/AIDS are young. Their illness and death are out-of-step with the expected life cycle.

3. Contact the Public Health Department or any HIV/AIDS-related organization in your area for information and further resources.

4. Most important, be aware that families of people with HIV/AIDS are families in grief. The single most helpful gesture you can make for someone in grief is to allow that person to express pain; try not to say or do anything that will close off such expression. It is almost always best to simply be present for the other person.

---

[14]sources: *Adopted from National PTA AIDS Education Planning Guide*, National PTA, October 1991; *Families of People with AIDS*, OSU Extension Service, February 1991; *Understanding AIDS*, U.S. Department of Health and Human Services, Centers for Disease Control, 1991

[15]source: *HIV/AIDS Education Planning Kit*, Washington State PTA, 1992

*"By getting involved you will gain a better appreciation of why it is so important to teach others how to avoid getting HIV."*

# SEXUALLY TRANSMITTED DISEASES (STDs)[16]

Talking about sex may not be easy, but not talking about it could be deadly. Sexually transmitted diseases can cause serious health problems, even death.

## What are Sexually Transmitted Diseases?

Sexually Transmitted Diseases, or STDs, used to be called VD (venereal disease). STDs are usually spread by sexual contact. These diseases may cause pain, sores and discharges from your sex organs. Sometimes, there are no symptoms, especially in women. If not treated, they may lead to other problems, such as:

- difficulty getting pregnant
- cancer
- death

Some diseases can be spread from mother to baby during pregnancy or childbirth. They can harm or even kill the baby.

**The same sexual behavior that spreads STDs also spreads HIV, the virus that causes AIDS.** In fact, having another STD may make you more likely to get HIV/AIDS. STDs can cause genital sores and swelling, which can make it easier for HIV to enter your bloodstream during sex.

## What are the Signs of an STD?

The signs of an STD include:

- unusual discharge from the penis or vagina.
- pelvic pain.
- skin changes or sores on or near the penis or vagina (in the genital area).
- itching in the genital area.

Seek health care immediately if you have any of these signs or if your sex partner has an STD.

## What are the Most Common STDs?

- **Gonorrhea**, a bacteria that may cause discharge from your penis or vagina, pelvic pain, or pain when you urinate. Gonorrhea may leave you unable to have children. Gonorrhea can be cured.

- **Chlamydia**, a bacteria that produces symptoms like gonorrhea, a discharge from your penis or your vagina, pelvic pain, or pain when you urinate. You may not have any symptoms, yet have chlamydia. Chlamydia may leave you unable to have children. Chlamydia can be cured.

- **Herpes**, a virus that causes sores and painful swelling on the mouth and genitals (on or near the penis or vagina). Herpes symptoms can be managed but the disease cannot be cured.

- **Human Papilloma Virus (HPV or Genital Warts)**, a virus that causes warts in your genital/anal area. The warts can be treated but the viral infection cannot be cured. You can have HPV and not have warts. HPV has been linked to some kinds of cancer. A recent study reported that almost half of college women tested have HPV.

- **Syphilis**, a bacteria that causes sores, rashes and, in some cases, brain and organ damage and death. It is very dangerous for pregnant women to have syphilis because it may harm the unborn child. Syphilis can be cured.

- **HIV (Human Immunodeficiency Virus)**, the virus that causes AIDS. HIV can be passed through sexual contact or blood to blood contact. HIV cannot be cured, and a person is more likely to become infected if they have another STD.

**Remember:**

- You can have an STD without having any of these signs—without even knowing it.
- You can pass on an STD, including HIV, without having symptoms.
- You can get more than one STD at a time.
- If you have an STD, your sexual partners should be checked by a doctor also. Otherwise, he/

## How do I Prevent STDs?

- The only sure way to avoid STDs is to not have sex. The fact is, most people do have sex, so we need to look at other choices.
- The next best way to avoid STDs is to have "safer sex".

## What is Safer Sex?

- Safer sex means protecting yourself from STDs, including HIV/AIDS.

**Safer Sex Guidelines:**

1. Abstinence is the only sure protection. By choosing not to have sexual intercourse, you guarantee your safety from ALL sexually transmitted diseases and unwanted pregnancy.
2. When you decide that you are ready to become sexually active, do so with an uninfected partner in a mutually faithful, long-term relationship, such as marriage.
3. If you have sexual intercourse outside a mutually faithful, long-term relationship, always use a latex condom. Both men and women should carry condoms and insist on their use. Use a spermacide (make sure it contains nonoxynol-9). Remember that condoms are not 100% safe and may break.
4. Don't have sex when you are drunk or high. No matter how serious you are about safer sex, drinking or using other drugs makes it harder to follow safer sex guidelines.
5. If you have more questions, call the National AIDS Hotline at 800/342-AIDS, the National STD Hotline at 800/227-8922, or the Colorado AIDS Hotline at 800/252-2437.

**Remember:**

- Condoms are not 100% effective in preventing STDs, including HIV/AIDS. If you think you have an STD, seek medical attention.
- Alcohol and drugs decrease your ability to make clear decisions about your sexual behavior. Alcohol and drugs don't cause STDs, they just let them happen.
- Three million teens are infected with a sexually transmitted disease (STD) each year.

[18]source: *Talk About Safer Sex*, Resource Guide—King 5 & Group Health Cooperative, 1991

# COLORADO HIV/AIDS RESOURCES[17]

***(It is strongly recommended that parents/staff preview any materials received from these agencies before use with children or adolescents)***[1]

**AIDS Coalition for Education (ACE)**
Contact: Julie Bradley
P.O. Box 481194
Denver, CO 80248-1194
303/861-4833
Assistance in accessing resource materials, speakers, and the status of HIV education.

**American Red Cross/Mile High Chapter**
Contact: Judi Dunn
444 Sherman Street
Denver, CO 80203-3521
303/722-7474
Training and resource materials.

**Black AIDS Project at Large (B•A•PAL)/Care**
Contact: Billie Jean Grimes
1525 Josephine Street
Denver, CO 80206
303/388-9780
Educational workshops, outreach activities, client services, family and individual support.

**Boulder County AIDS Project (BCAP)**
Contact: Timothy Leifield
2118 14th Street
Boulder, CO 80302
303/444-6121
Speakers bureau, services for persons with AIDS (PWAs), food bank.

**Colorado AIDS Information Line**
800/252-AIDS (prerecorded messages)

**Colorado AIDS Project (CAP)**
Contact: Terry Stewart
1576 Sherman Street
Denver, CO 80203
303/837-0166
Speakers bureau, services for persons with AIDS (PWAs), food bank.

**Colorado Association of School Boards (CASB)**
Contact: Lauren Kingsbery
1200 Grant Street
Denver, CO 80203
303/832-1000
Legal and policy issues.

**Colorado Department of Education**
201 East Colfax Avenue
Denver, CO 80203

Contact: Debra Sandau-Christopher
303/866-6785
HIV/AIDS prevention education.

Contact: Karen Connell
303/866-6903
Comprehensive school health education, teen pregnancy.

Contact: Mary VanderWall
303/866-6766
Drug Free Schools and Communities Act, refusal skills.

**Colorado Department of Health**
4300 Cherry Creek Drive South
Denver, CO 80222-1530

Contact: Jean Finn
303/692-2721
Updated information on training, resource materials, secondary students, and multicultural issues.

Contact: Vicki Hertel
303/692-2357
Information for school nurses, including guidelines for handwashing and handling body fluids.

Contact: Fred Garcia
303/692-2930
Alcohol and Drug Abuse Division (ADAD): technical assistance, training information concerning the prevention, intervention, and treatment of alcohol and drug abuse.

**Colorado Department of Social Services**
Contact: Jeanette Campbell
Home/Community-Based Services for Persons Living with AIDS
1575 Sherman Street
Denver, CO 80203-1714
303/866-5659

**Colorado Latino AIDS Community Network**
Contact: Charlene Ortiz
P.O. Box 4239
Denver, CO 80204
303/433-4154
Education, prevention, family and individual support, community projects, and case management.

**Colorado PTA**
Contact: Beverly Terry
303/422-2213
JoAnne Sillian
303/843-7742
7251 West 38th Avenue
Wheat Ridge, CO 80033
Training and resource materials.

**Denver Health and Hospitals**
Contact: Peter Ralin
605 Bannock Street
Denver, CO 80204
303/436-7186
Training, resource materials, technical assistance.

**Hall of Life Health Education Center**
Contact: Patty Cook
2001 Colorado Boulevard
Denver, CO 80205
303/329-5433
Staff, parent and student workshops.

**HEART (Health Education AIDS Resource Team) Project**
Contact: Ben Leonard
Human Services, Inc.
899 Logan Street, Suite 500
Denver, CO 80203
303/830-2714
Peer education program for adolescents.

**Legal Center for Handicapped Citizens**
Contact: Robert Garcia-Williams
455 Sherman Street, Suite 130
Denver, CO 80203
303/722-0300
Legal and policy issues.

**Northern Colorado AIDS Project (NCAP)**
Contact: Sally Juday
P.O. Box 182
Fort Collins, CO 80522
303/223/6227
Speakers bureau, services for persons with AIDS (PWAs), food bank.

**People of Color Consortium Against AIDS (POCCAA)**
Contact: Carlos Santistevan
770 Grant Street, Suite 218
Denver, CO 80203
303/894-9635
Training, resource materials.

**Persons with AIDS (PWA) Coalition of Colorado**
P.O. Box 300339
Denver, CO 80203
303/837-8214
Speakers bureau, advocacy group, referrals.

**Rocky Mountain Center for Health Promotion and Education**
Contact: Mary Doyen
7525 West 10th Avenue
Lakewood, CO 80215
303/239-6494
Training materials for the implementation of comprehensive health education and HIV education.

**Southern Colorado AIDS Project (SCAP)**
Contact: Beth Bowman
P.O. Box 311
Colorado Springs, CO 80901
719/578-9092
Speakers bureau, services for persons with AIDS (PWAs), food bank.

**Western Colorado AIDS Project (WCAP)**
Contact: Shelley Nielsen
1003 Main Street
Grand Junction, CO 81502
303/243-AIDS
800/765-8594 (Hotline)
Speakers bureau, services for persons with AIDS (PWAs), food bank.

You may also contact your local:
**Health Department**
**Red Cross Agency**
**AIDS Coalition**

[17] Compiled by the Colorado Department of Education HIV Education Program

# NATIONAL HIV/AIDS RESOURCES

***(It is strongly recommended that parents/staff preview any materials received from these agencies before use with children or adolescents)***

**AIDS Action**
202/986-1300
Public policy and community development.

**Centers for Disease Control**
404/332-4570
Statistics regarding HIV/AIDS.

**Children with AIDS Project of America**
800/866-2437
HIV children and foster care.

**The NAMES Project**
415/882-5500
Information about the AIDS memorial quilt.

**National Adoption Information Clearinghouse**
301/231-6512
For questions about adopting a child with HIV.

**National AIDS Hotlines (Centers for Disease Control)**
800/342-AIDS (English)
800/344-SIDA (Spanish)
800/AIDS-TTY (Hearing Impaired)
General information about HIV and educational materials.

**National AIDS Information Clearinghouse (Centers for Disease Control)**
800/458-5231
General information about HIV and clinical trials.

**National Association of State Boards of Education (NASBE)**
703/684-4000
Policy guidelines for education leaders, including: *AIDS, HIV and School Health; Someone at School has AIDS,* and *Effective HIV Education in Urban Schools—A Policymaker's Guide.*

**National Clearinghouse for Alcohol and Drug Information**
800/SAY-NO-TO
Can provide information on the relationship of alcohol and drug use to HIV infection.

**National Leadership Coalition on AIDS**
202/429-0930
AIDS policy and education in the workplace.

**National Pediatric HIV Resource Center**
201/268-8251
Information for health-care professionals on HIV-infected children.

**National PTA HIV/AIDS Education Project**
312/787-0977 or (after October 1, 1993) 312/951-6782
Pamphlets, posters, and a planning guide for PTA leaders.

**National STD Hotline**
800/227-8922
Pamphlets and general information on sexually transmitted diseases.

**Oregon State Health Division**
503/731-4029
Policy guidelines for education leaders, *AIDS: The Preventable Epidemic* curriculum, and the slide shows *Infection Control* (available in English and Spanish) and *AIDS is Preventable.*

**Pediatric AIDS Foundation**
310/395-9051
Information regarding pediatric HIV/AIDS, how the disease affects children differently than adults, schoolchildren with HIV, and how to talk with children about the disease.

**SIECUS (Sex Information and Education Council of the United States)**
212/819-9770
Provides *The SIECUS Report,* a bimonthly journal focused on sexuality; annotated bibliographies, and the pamphlet, *How to Talk to Your Children About AIDS* (available in English and Spanish).

**Teen AIDS Hotline**
(answered by trained high school students)
800/234-TEEN (800/234-8336)
Open Monday through Friday 3-7 p.m. Mountain time.

**Wisconsin Division of Health AIDS/HIV Program**
608/267-5287
To learn about medical care, psychosocial concerns, education, and legal issues concerning HIV-infected children, and to order the book, *To Help You—Care of Infants and Young Children Who are HIV Positive.*

## COLORADO STATE BOARD OF EDUCATION

Sybil S. Downing
Chairman
Member-at-Large

Patricial M. Hayes, Vice Chairman
Sixth Congressional Dist.
Englewood

Gladys S. Eddy
Fourth Congressional Dist.
Fort Collins

Royce D. Forsyth
First Confressional Dist.
Denver

Tom Howerton
Fifth Congressional Dist.
Colorado Springs

Ed Lyell
Second Congressional Dist.
Broomfield

Hazel I. Petrocco
Third Congressional Dist.
Pueblo

**Colorado Department of Education**
**HIV/STD Education Program**
**201 East Colfax Avenue**
**Denver, CO 80203**
**303/866-6664**

This kit was 100% federally funded at an approximate cost of $750 through financial support from Colorado Department of Education Cooperative Agreement #U63/CCU 802750-05 with the Division of Adolescent and School Health, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, Atlanta, GA 30333.

This material has been reviewed by a state panel for use with general adult audiences. Local level review is strongly recommended.

**Colorado Department of Education**
**HIV/STD Education Program**
**201 East Colfax Avenue**
**Denver, CO 80203**
**303/866-6664**